



REGISTRATION PACKAGE

ELMVALE CO-OPERATIVE
nursery school

Child's Name: _____

Birthdate: _____ / _____ / _____
month day year

Gender: Male Female

Home Address: _____
Street Name & Number City Postal Code

Parent/Guardian No 1: _____

Home Address: _____
(if different) Street Name & Number City Postal Code

Home Phone: _____ **Cell/Text:** _____

Email Address: _____

Business Name: _____ **Work Phone:** _____

Address: _____

Parent/Guardian No 2: _____

Home Address: _____
(if different) Street Name & Number City Postal Code

Home Phone: _____ **Cell/Text:** _____

Email Address: _____

Business Name: _____ **Work Phone:** _____

Address: _____

Custody Status:

Both Parents Joint Other - please specify _____

Emergency Contact (other than Parent/Guardian):

Contact name : _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Family Doctor: _____ **Phone No.:** _____

Doctor Address: _____
Street Name & Number City Postal Code

SOCIAL/EMOTIONAL INFORMATION

Language:

What language(s) does your child primarily speak at home?
(Please check all that apply)

English

French

Other – please specify: _____

Family:

Does your child have any siblings? No Yes Name(s)/Age(s): _____

Other people in household? No Yes Name(s)/Relationship: _____

Special Experiences or Interests (ie: trips, events, animals, books, sports): _____

Special Family Traditions/Celebrations (what and when celebrated): _____

Emotional Behaviour:

Characteristic behaviours (circle word(s) and/or add your own)

Calm, excitable, easily angered, anxious, tearful, happy, cheerful, withdrawn, cautious, aggressive, negative fears

Social Behaviour:

Characteristic behaviour (circle word(s) and/or add your own)

Friendly, shy, quiet, outgoing, aggressive

Do you have any developmental concerns about your child?

Any other information that may be helpful in knowing your child? (separation, divorce, new baby, adopted child, recent loss, etc.)

Has your child ever been in the Infant Development Program?

Yes No

Is your child currently in or on a wait list for speech therapy?

Yes No

Are you concerned about your child meeting milestone targets?

Yes No

Has your child had an ERIK assessment done?

Yes No

Has your child received a hearing or vision test? If yes, please specify

Yes No

HEALTH RECORD

Child's

Birthdate:

____ / ____ / ____
month day year

Gender: Male Female

***** SIMCOE MUSKOKA CHILD CARE IMMUNIZATION HISTORY FORM ***
MUST ALSO BE COMPLETED & ATTACHED**

HEALTH HISTORY:

Communicable Diseases (check any the child has had):

- Chicken Pox Measles German measles Mumps Whooping cough
 Other _____

Submit a photocopy of your child's immunization record as per the requirements of Child Care Early Years Act. In most cases, this can be obtained from your family doctor if you don't have a copy yourself.

- **For parents who are choosing not to vaccinate their child(ren)**, the Health Department and CCEY requires that registrants of Elmvale Nursery School provide a statement of Conscience or Religious Belief. Please ask if you require assistance.
- If you are a classroom participant with these same convictions, please provide a signed, hand written note indicating that you have not continued with your immunizations for the same reasons.

Does your child have any known allergies or food intolerances?

No Yes If yes, please specify: _____

Does your child require an EPIpen?

No Yes If yes, please fill out a Medication Plan _____

Are there any special recommendations pertaining to the daily care of this child?

No Yes If yes, please specify: _____

Is your child receiving any medications to be given at the preschool?

No Yes If yes, please specify: _____

Any other health concern(s) that we should be aware of?

FINANCIAL AGREEMENT

1. Please check the sessions you require **and** Fundraising Preference:

Sessions (30 months - 5 years)	Fundraising
<input type="checkbox"/> 2 day program; M/W or T/T (circle one)	<input type="checkbox"/> Option 1 - I will fundraise \$200, add \$0 to my monthly fee.
<input type="checkbox"/> 3 days if available; M T W T	<input type="checkbox"/> Option 2 - I will fundraise \$100. Add \$10 to my monthly fee.
<input type="checkbox"/> 4 day program	<input type="checkbox"/> Option 3 - I will not fundraise. Add \$20 to my monthly fee.

2. A membership / registration fee of \$50.00 is required at the time of registration. Make cheque payable to *Elmvale Co-operative Nursery School* or *ECNS*, dated **September 1**. These fees are non-refundable after that date. *****A \$10 discount off Registration Fee if completed Registration Package is received by Sept 1.*****

3. Pending enrollment and approval, additional day(s), at additional rates, are available upon request if available.

4. Monthly program fees are due at the first General Meeting. Post-dated cheques are required for the 1st of each month, dated September 1 to June 1 inclusive. Amounts vary based on selected options (number of days, fundraising and executive). Use the chart below to help determine the monthly tuition.

\$125	+	+	-	= \$
Base Fee		Additional Days if applicable (Add \$50 or \$100)	Fundraising (Add \$0 or \$10 or \$20)	Executive Discount (Less \$10 or \$15)
				Total Per Month

5. A Bond cheque is required from each family to ensure that you meet your fundraising and/or volunteer requirements. This cheque should be left undated. Bond cheques are mandatory. If you miss the first 3 hours of your volunteer commitment or do not meet your fundraising requirement, your bond cheque of \$200 will be cashed and a replacement cheque of \$200 will be required to continue. Any further hours missed, your second cheque will be cashed. If your goals are met, this cheque will be returned at the end of the school year.

If you do not have cheques, a deposit of \$200 can be paid September 1 and held in trust until the end of term.

6. In the case of an NSF cheque being returned, a \$15.00 administration fee will be charged.

7. Tax receipts will be sent via email in February. Fundraising amounts do not qualify.

PLEASE NOTE:

We suggest your child start at the beginning of a month, as you are responsible for the entire month's fees, whether or not your child attends the complete month. There are no refunds for Christmas break, March break, snow days and/or personal vacation time.

I UNDERSTAND AND AGREE WITH THE ABOVE STATEMENTS.

Initial

EXECUTIVE & COMMITTEES

Please make a first, second and third choice of which position you feel you would be best suited.

Every effort will be made to accommodate your first choice; however, Executive and Committees will be filled on a first come first served basis, depending on availability and enrollment. Some tasks and duties may need to double up. **Every family must have a role on either the Executive or a Committee and fulfil those requirements as outlined.** If left blank, a role will be assigned. Executive members will be voted in at the first General Meeting. You will be notified of your committee placement at the first GM or shortly thereafter by Executive.

Executive Options:

- President
- Vice President
- Secretary
- Treasurer
- Fundraiser

Committee Options:

- Housekeeping
- Yearbook
- Scholastics
- Egg Hunt
- Maple Syrup Festival Bake Sale
- Media

First Choice: _____

Second Choice: _____

Third Choice: _____

Are there any other skills/services that you feel that you could offer and be of benefit to the school?
Please specify (ie. painter, carpenter, nurse, electrician, paramedic, firefighter, etc.).

REFERRAL PROGRAM

How did you hear about Elmvale Co-operative Nursery School? Can we send someone a 'Thank-You'?

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet | <input type="checkbox"/> Past student | <input type="checkbox"/> Family |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Event | <input type="checkbox"/> Friend | <input type="checkbox"/> Other |

Please specify. All feedback is appreciated.

MEMBERSHIP AGREEMENT

I/We the Parents/Guardians understand that the **Co-Operative** is an organization whose successful operation depends on the participation and sharing of responsibilities of all **Co-Operating** families.

I/We agree to participate by:

FINANCES

Paying the fees as outlined in the Financial Agreement.

CRIMINAL REFERENCE CHECK

Completing and returning a Criminal Reference Check (CRC) prior to my first day participating in the classroom.

A CRC including a Vulnerable Sector Check must be completed by all classroom participants. These are kept confidential and are valid for 2 years. The CRC may be applied through local Police Services. CRC's are to be returned to the school in a sealed envelope marked 'Confidential'

For your convenience, a CRC request letter is available upon request to submit your application free of charge. Two pieces of photo ID is required when applying.

GENERAL MEETINGS (GM)

Attending mandatory General Meetings. There are minimum 3 GM's throughout the year in which you, or your family's representative, is required to attend. Each meeting = 1 hour towards Volunteer requirement hours.

EXECUTIVE & COMMITTEES

Working on one of either the Executive or Committees and being responsible for the duties it entails.

FUNDRAISING

The FUNdraising events have been designed to bring members together to build a sense of community within our school and contribute to our operating budget.

WITHDRAWAL

Agreeing to give one month's written notice of intention to withdraw. Unless proper notice is given regarding withdrawal by a member the Co-Op is entitled to withhold one month's fees from the date of withdrawal. After March 1 of the current school year, all tuition fees are to be forfeited if a child is withdrawn.

BY-LAWS

Abiding by the by-laws of the school. No person shall become a member until his/her application for membership has been approved by the Directors. The Directors may refuse any application without giving reason. A member may be removed from the Co-Op by a majority vote of the Directors for failure to fulfill membership requirements.

Having read and understood the By-Laws and rules of Elmvale Co-Operative Nursery School:

I/We agree to abide by the agreement outlined above.

Signature of Parent/Guardian

Date